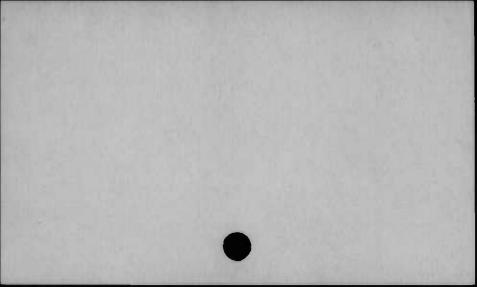
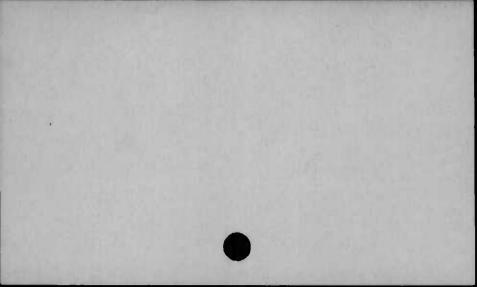
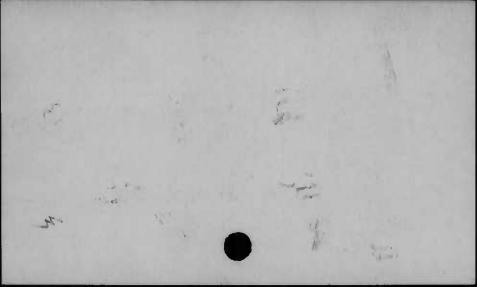
Name in Full Certificate of Death Mary anne allan Died at Rock Hall Kint Data 1898 Lept. 28 Aga 88, 6-2 1.d. Howeverly -Married Female Colored Single Widower Number of children living none of Martin Roberson allen. De Mu Jewell Nama Sarah fewell How long sick Primary Olol age 141 Death "Accident, Suicide, Homicide Reported by William Address Eduville Kinh Orma Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, SERER



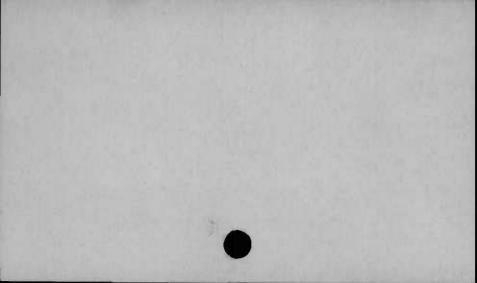
Name in Full Certificate of Death Number of children living Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, SEGER



Name in Ful! Certificate of Death MARYLAND Month Native of Occupation Female Widower Number of children living How long sick Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



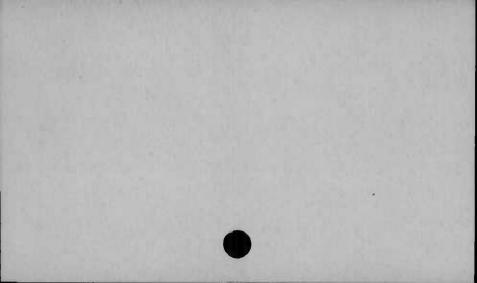
Name in Full Certificate of Death MARYLAND Native of Occupation Widow Divorced Number of children living Widower Husband How long sick Cause of Death Immediate Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



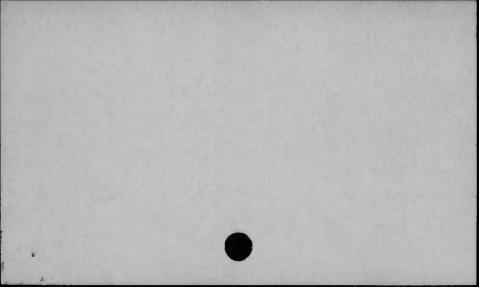
Name in Full					Certificate of Death
8	11	101.			
Jeo.	ye on	, Jell	un .		
Dow	11		County		MARYLAND
Died at Fus	ey ne	cl Y.	Mus	Mantena af	
5 5	Month Day	. /	M. D.	Native of	Occupation
Date 189 / Male	White	Age 60	Widow	Divorced	
Female	Colored	Single	Widower		children living
Husband	Gamera	Single	** Idower	Number 0	Children living
Wife					
Father's			Mother's		
Name			Name		
Name			. 1		How long sick
Cause of Primary			1/21		
1			10		
Death Immediate					Accident, Suicide, Homicide
		,		_	*
Reported by Nauscrifes Christian Des 6.					
	- Cyo.				
Address					
Must be signed by physi	cian, if any in atte	endance, otherwi	se by coroner, un	dertaker or minist	er.
					LIBRARY BUREAU, REGER

TRACTION

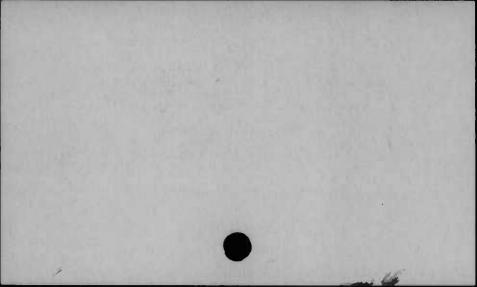
Name in Full Certificate of Death County Native of Widow Number of children living Colored Single Widowar Female Husband Wife Father's Name Death Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



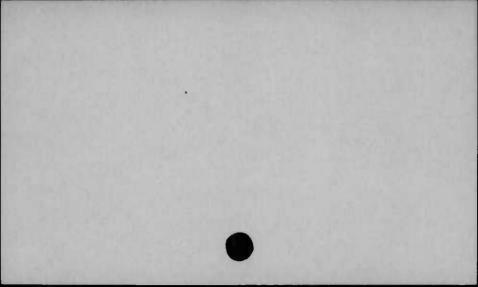
Name in Full Certificate of Death Mr. Wheeler J. Occupation Husband Wife Accident, Suicida, Homicide emedynelle Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



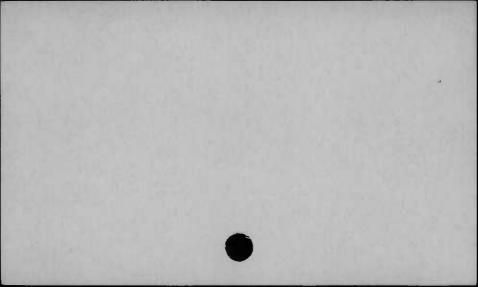
Name in Full Certificate of Death James Me Cloucky Died at Rock Hall "Kinh Date 189 8 Sept 7 Age 72 Incland Farmer Warry L. M. D. Native of Secupation Farmer Widower Number of children living Husband marguet Owene Father's Name James M. Clouck Name Margreh Dougan Primary Taralysis 44 Immediate Vendle Langrene Reported by & Millson Address Edurille Kinch Com d Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, SERE



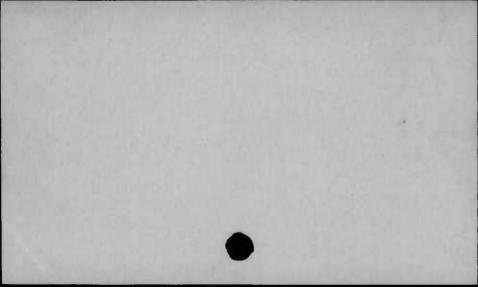
Name in Full Certificate of Death Occupation Native of Kent Co Date 189 8 Age Marriad Divorged Colored Single Widowec Number of children living Wife Father's Cause of Death Accident, Suicide, Homicide Reported by John Stilt essey Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister, LIBRARY BUREAU, 65968



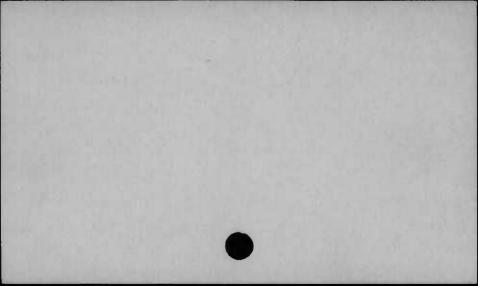
Name in Full Certificate of Death Died at Native of Burmah Date 189 Male Married Widow Divorced Colored Widower Number of children living Single Father's Name How long sick Cause of Immediate Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 65968



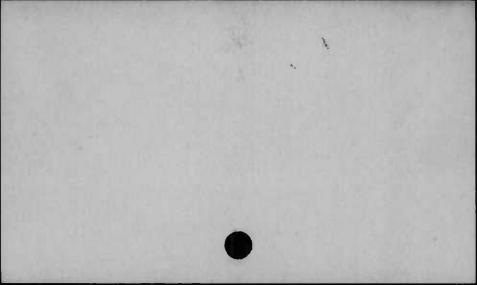
Name in Full Certificate of Death Died at Native of Date !89 Marriad Widow Divorcevi Female Golored Single Widower Number of children living Husband Wife Father's Name How long sick Cause of Accident, Suicide, Homicide Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



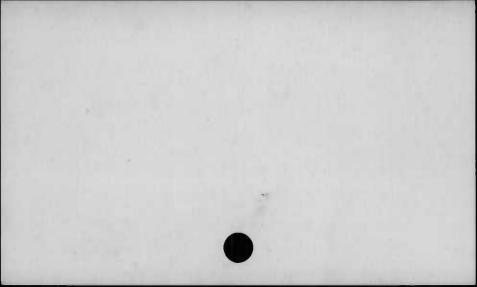
Name in Full Certificate of Death Native of Tril Divorced Number of children living Husband Wife Father's Mother's Accilent, Suickle, Hon 1. France Homes Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65988



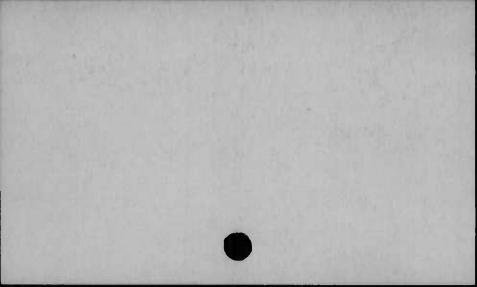
Name in Full Certificate of Death Number of shildren living Husband Father's Name Primary Death Accident, Swede, Homicide Reported by Must be signed by physician, if an in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, SERSE



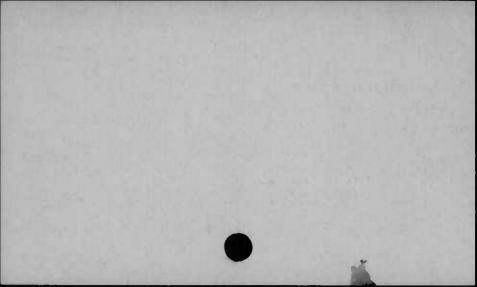
Name in Full Certificate of Death Month Sept. 28 Cant day Date 189 8. White Celored Single Widower Number of children living Husband Wife Father's Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU 79700



Name in Full Certificate of Death Died at Native of Date 189 Married Widow Number of children living Widower Husband Father's Name How long sick Cause of Primary Death Immediate Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



Name in Full Certificate of Death Number of children living Husband Name How long sick Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



Name in Full Certificate of Death Native of Married Widow Divorced > Widowen Number of children living Husband Father's Cause of Primary Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968

